

216020665  
99541

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 146	Agency Case No. B6-044548	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/21/2016 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			(In Military Time) TIME OF ACCIDENT 1621	STATE USE ONLY  05/21/2016					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1621	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Sun Valley Blvd./Line Dr.-Westgate Blvd.			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		LATITUDE				
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE						
D	IF AT INTERSECTION IF NOT AT INTERSECTION										
2	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
	451.00			X	Line Dr.						
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
14	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN						
V2/M	01										
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
2											
VEHICLE NO. 1											
F	DRIVER LICENSE NO.	G01293029			STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V1/N	DRIVER	RICHARD D NOONAN			PHONE	402-733-6678					
1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	10/06/1960					
V2/N	OWNER	506 KINGS DR APT B, BELLEVUE, NE 68005			PHONE	402-733-6678					
1	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB508595					
G	LICENSE PLATE	PA NO.	TEU999		YEAR (Plate Expires)	2017	STATE (Of Plate) NE				
4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE				
V1/O	2012	Chevrolet	Impala	4 door Sedan	silver / chrome	<input type="radio"/> TOALED \$ 3000					
2	VEHICLE ID NO. (VIN)	2G1WG5E38C1258273			INSURANCE COMPANY	Progressive					
V2/O	TOWED TO	TOWED BY			POLICY NO.	31224867					
2											
VEHICLE NO. 2											
I	DRIVER LICENSE NO.	V00153918			STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE				
V1/P	DRIVER	MICHAEL S TURNER			PHONE	402-730-3062					
1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	05/22/1974					
V2/P	OWNER	6028 WINDHAVEN DR, LINCOLN, NE 68512			PHONE	402-730-3062					
1	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.					
J	LICENSE PLATE	NO.	INTRANSIT		YEAR (Plate Expires)	STATE (Of Plate)					
V1/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE				
4	2016	Nissan	Altima	4 door Sedan	black	<input type="radio"/> TOALED \$ 1500					
V2/Q	VEHICLE ID NO. (VIN)	1N4AL3AP0FC182983			INSURANCE COMPANY	State Farm					
K	TOWED TO	TOWED BY			POLICY NO.	R124656-E20-27L					
01											
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)											
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-044548**

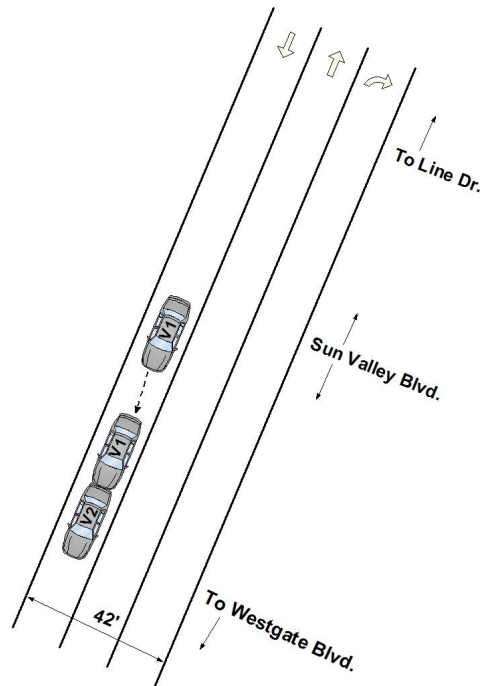


Indicate  
North  
by Arrow



**POI**  
**451' South of south curb of Line Dr.**  
**7' East of west curb of Sun Valley Blvd.**

Drawing not to scale.  
Measurements approx.  
No skid marks.



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D2 was southbound on Sun Valley Blvd./Line Dr.-Westgate Blvd. D2 said southbound traffic was backed up, so he was stopped in traffic. D2 noticed V1 approaching his vehicle, and not slowing down. V1 then struck V2 from behind. D1 was southbound on Sun Valley Blvd./Line Dr.-Westgate Blvd. D1 first said he looked to the left briefly, and when he looked forward, V2 was stopped. D1 then said he was looking in his left side mirror at the traffic behind him. D1 said when he realized V2 was stopped in traffic, he tried to stop, but wasn't able to, and struck the back of V2.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		1				2				
1		X			Sun Valley Blvc		POINT OF IMPACT	01	POINT OF IMPACT	05	<div>4</div> <div>4</div>				<div>2</div> <div>2</div>				<b>ALCOHOL TESTING</b> Driver No. 1: Y Driver No. 2: Y Pedestrian: Y
2		X			Sun Valley Blvc		POINT OF IMPACT	01	POINT OF IMPACT	05	<div>4</div> <div>4</div>				<div>2</div> <div>2</div>				<b>ALCOHOL LEVEL TESTED</b> N X N X N
1	01				06 Turning left		MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				<b>BAC LEVEL</b> Driver No. 1: 1 Driver No. 2: 1
2	11				08 Entering traffic lane		MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	1 Essentially straight ahead 2 Backing 3 Changing lanes 4 Overtaking/ Passing 5 Turning right				1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown				
								00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				<div>02 03 04</div> <div>01 05</div> <div>08 07 06</div>							
OFFICER NO. <b>1681</b>				TROOP/ TEAM/ BEAT <b>2</b>				DEPARTMENT <b>Lincoln Police Department</b>				<b>Photographs taken?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
INVESTIGATOR NAME (Print or Type) <b>Justin Feldhaus</b>				INVESTIGATOR SIGNATURE <b>Approved by Officer Justin Feldhaus</b>				DATE OF REPORT <b>05/21/2016</b>											